

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/599906

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3	2		1			
4	1		1			
5	1		1			
6	1					
7	1		1			
8	1					
9	3					
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	2		1			
15	1		1			
16	1		1			
17	1					
18	1		1			
19	1					
20	3		1			
21	1		1			
22	1		1			
23			1			
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44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	6		4			
TOTAL DEP.	22	←	26	←	←	
TOTAL CLAIMS	26		30			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					↓	